

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09780503</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">02-12-01</div>				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
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TOTAL DEP.	16											
TOTAL CLAIMS	20											